Name in Full: Kate Rebecca Blake

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Owensville (County): Anne Arundel

Date of death 1905 (Month): Aug. (Day): 28 Age (Years): 25 (Months): 11 (Days):

Sex: Female Color or Race: Colored Birthplace: Calvert Co.

Occupation: W Where Residing if not at place of death:

Married, Single or Widowed: married Name of Wife or Husband: John Blake

Father's Name: Henry Harris Father's Birthplace: North Carolina

Mother's Maiden Name: Lucy Jones Mother's Birthplace: Calvert Co.

Name of person giving Information: Henry Harris How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption How long: 4 years

Immediate: Heart failure How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Maclay Carrington

Address: 1808 Park Ave Md

Accident or Suicide?

Name in Full: Bruce

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: A.A.

Date of death: 1905 Month: August Day: 14th Years: Months: Days:

Age:

Sex: Male Color or Race: Colored Birth-place:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: John H. Bruce Father's Birthplace: Annapolis

Mother's Maiden Name: Alverta Johnson Mother's Birthplace: Annapolis

Name of person giving Information: Mother How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still-born How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Martha Bruce

Address: Midwife Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Lucy Gertrude Bright

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundell

Date of death 1905 — Month: August — Day: 14th Saturday — Years: Age 40 — Months: 2 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: #60 Cornhill St

Married, Single or Widowed: Married — Name of Wife or Husband: John H Bright

Father's Name: Richard Austin — Father's Birthplace: Anne Arundel Co

Mother's Maiden Name: Sarah Austin — Mother's Birthplace: " " "

Name of person giving information: John H Bright — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights disease — How long: two months

Immediate: Exhaustion — How long: two days

(120)

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Wells

Address: Annapolis Md

Accident or Suicide? No.

Name in Full: Martha Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis Md — Town: Annapolis — County: A. A. C.

Date of death: Month: October — Day: 15 — 1190

Years: 11 — Months: — Days: —

Age: 11

Sex: Female — Color or Race: Colored — Birthplace: Annapolis Md

Occupation: None — Where Residing if not at place of death: 78 Gclay St

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Brown — Father's Birthplace: A. A. C.

Mother's Maiden Name: Annie Brown — Mother's Birthplace: A. A. C.

Name of person giving information: John Brown — How related to deceased: father

CAUSES OF DEATH

Primary: Nephritis — How long: 6 Months

Immediate: exhaustion — How long:

(120)

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: William Joseph Calbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis Md — Town: A.A.C. — County

Date of death: 1905 — Month: Aug — Day: 4 — Years: — Months: 6 — Days:

Age

Sex: male — Color or Race: Colored — Birthplace: Annapolis Md

Occupation: — Where Residing if not at place of death: Druid Lane

~~Married~~, Single or ~~Widowed~~: single — Name of Wife or Husband:

Father's Name: Joseph Calbert — Father's Birthplace: West River Md

Mother's Maiden Name: Willie Smith — Mother's Birthplace: South River Md

Name of person giving information: Willie Smith — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Months

Immediate: Exhaustion — How long:

(151)

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

Name in Full: James Edmond Carr

CERTIFICATE OF DEATH

MARYLAND

Died at: Bests Gate (Town) Anne Arundel (County)

Date of death: 1905 Month: Aug Day: 17 Years: 61 Months: 10 Days: 21

Sex: Male Color or Race: White Birthplace: Calvert Co Md

Occupation: Carpenter Where Residing if not at place of death: —

Married, Single or Widowed: Widower Name of Wife ~~or Husband~~: Lydia Sewell

Father's Name: James Carr Father's Birthplace: Calvert Co Md

Mother's Maiden Name: Eliza Trott Mother's Birthplace: Calvert Co Md

Name of person giving Information: Virgil O Carr How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Peritonitis How long: 1 week

Immediate: Perforation of bowel How long: 5 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide? No

PHYSICIAN OR CORONER

116

Name in Full [illegible] Carter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Cumberland Md. County: Allegany

Date of death 190	Month	Day	Years	Months	Days
	Aug	26	Age 18		

Sex: male

Color or Race: Colored

Birth-place: Cumberland Md

Occupation: Labor

Where Residing if not at place of death: Campbell Co

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: George Carter

Father's Birthplace: Cumberland Md

Mother's Maiden Name: Josephine Carter

Mother's Birthplace: Cumberland Md

Name of person giving Information: George Carter

How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: Several Weeks

Immediate: Dropsy — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible] M.D.

Address: [illegible]

Accident or Suicide?

Name in Full: Frances Chambers

CERTIFICATE OF DEATH

MARYLAND

Died at: St Margretts (Town) A A. (County)

Date of death: 1905 Aug. 22 (Month, Day)

Age: 22 Years — Months — Days

Sex: Female

Color or Race: Col.

Birthplace: St Margretts

Occupation: Service.

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Wm Chambers

Father's Birthplace: St Margrets

Mother's Maiden Name: Margrett. Carroll

Mother's Birthplace: " "

Name of person giving Information: Joseph Allen

How related to deceased: none.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Tuberculosis — How long: 9 months

Immediate: Exhaustion — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Rickont. M D.

Address: St Margretts. A A Co

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: William L. Clayton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Lithium (Town) — Aa (County)

Date of death: 1906 — Month: Aug — Day: 20 — Years: 42 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Lithium

Occupation: clerk — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband:

Father's Name: Alexander Clayton — Father's Birthplace: Md

Mother's Maiden Name: Fannie Kate Conery — Mother's Birthplace: Md

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Cardiac Failure — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Madam Cawood

Address: West Virginia Md

Accident or Suicide? Mother

Name in Full: George A. Colbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis (Town) — A. A. C (County)

Date of death 190 5 — Month: Aug — Day: 24

Age: 54 — Months: — Days: —

Sex: male — Color or Race: Colored — Birthplace: Severn

Occupation: Labor — Where Residing If not at place of death: 74 Cathedral

Married, Single or Widowed: Widower — Name of Wife or Husband: Ellen Colbert

Father's Name: James Colbert — Father's Birthplace: A. A. C

Mother's Maiden Name: Harriet Johnson — Mother's Birthplace: A. A. C

Name of person giving information: Benjn. Simms — How related to deceased: Son-in-Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: One hour

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

Name in Full: Hennie Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: Anne Arundel

Date of death 1905 — Month: Aug — Day: 26 — Age: Years: 3 — Months: — Days:

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

Occupation: Domestic — Where Residing if not at place of death: 24 Calvert St.

Married, Single or Widowed: Widowed — Name of Wife or Husband: John Cooper

Father's Name: Thomas Fry — Father's Birthplace: Kentucky

Mother's Maiden Name: Mary E. Hawkins — Mother's Birthplace: Va. Col.

Name of person giving information: Thomas Fry — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Six Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

PHYSICIAN OR CORONER

27

Name in Full: Christina Dadds

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Annapolis		County: A. A.		
Date of death 1905	Month: Aug.	Day: 6	Years: 39	Months: 4	Days:
Sex: Female		Color or Race: White		Birthplace: Annapolis Md.	
Occupation: —			Where Residing if not at place of death: —		
Married, Single or Widowed: Married		Name of Wife or Husband: Wm. Dadds			
Father's Name: George Herold				Father's Birthplace: Germany	
Mother's Maiden Name: Caroline Kline				Mother's Birthplace: Pennsylvania	
Name of person giving information: John Herold				How related to deceased: Brother	

108

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Obstruction	How long: 24 hours
Immediate: Surgical Shock following Operation	How long: 3 hours
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician: J. Oliver Purvis M.D.
	Address: Annapolis, Maryland
Accident or Suicide? No.	

Name in Full: Geo C. Dressel.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1905 — Month: Aug. — Day: 24 — Years Age: 49. — Months: — — Days: 11

Sex: Males — Color or Race: White — Birthplace: Balto Md

Occupation: Merchant. — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Dressel — Father's Birthplace: Germany

Mother's Maiden Name: Henerietta Cooper — Mother's Birthplace: " "

Name of person giving Information: Dora Colison — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 1 year

Immediate: Exhaustion Dropsy — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm. D. L. Lee J.P.

Address: Acting Coroner

Accident or Suicide?

120

Name in Full: Mary A. C. Duvall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Place of death: Town: Arnold Jct. County: Anne Arundel

Date of death: Month: Aug. Day: 30 Years: 90 Months: Days:

Age: 70

Sex: Female

Color or Race: White

Birthplace: Jessups

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Chas. R. Duvall

Father's Name: Henry Pye

Father's Birthplace: Md

Mother's Maiden Name: Sarah Boone

Mother's Birthplace: Md

Name of person giving information: Wm. E. Duvall

How related to deceased: Son

14

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis & Pneumonia

How long: 8 weeks.

Immediate: Asthenia

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Bryan

Address: Arnold Md

Accident or Suicide?

LIBRARY BUREAU A668B18

Name in Full — Green

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Annapolis County: A A

Date of death 1905 Month: Aug Day: 11 Age: Years — Months — Days —

Sex: Male. Color or Race: Colored Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: John Green Father's Birthplace: A A Co. Md

Mother's Maiden Name: Margaret — Berry Mother's Birthplace: Annapolis Md

Name of person giving Information: John. Green. How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary: How long

Immediate: Barnwitts Cold and fever How long: 4 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

Address: Worley & Feldmeier's Undertakers.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Charles Hace

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Millersville — (County): A. A.

Date of death 1905 — Month: Aug. — Day: 14 — Age: Years 17 — Months 11 — Days

Sex: Male — Color or Race: B. — Birthplace: A. A. Co. Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Wesley Hace — Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Margaret Ennis — Mother's Birthplace: Calvert

Name of person giving information: Wesly Hace — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 mos.

Immediate: Rheumatism — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: H. B. Garrett

Address: Millersville

Accident or Suicide?

27

Name in Full: John Henry Harris

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Annapolis County: Anne Arundel

Date of death: Month: Aug Day: 13 1905 Years: 38 Months: Days:

Sex: Male Color or Race: Colored Birthplace: South River Md

Occupation: ex Soldier Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: John Harris Father's Birthplace: Va

Mother's Maiden Name: Lizzie Giles Mother's Birthplace: A. A. Co. Md

Name of person giving Information: John Harris How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Disease of Heart How long: 8 months

Immediate: General Dropsy How long: 8 months

19

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis

Accident or Suicide? no

PHYSICIAN OR CORONER

Name in Full: Harriet Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Chesterfield (Town) Anne Arundel (County) MARYLAND

Date of death 1905 8

Day: 5

Age: Years 77 Months 8 Days

Sex: Female

Color or Race: White

Birthplace: West River Md

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: Jonathan L. Hawkins

Father's Name: Wm Ford

Father's Birthplace: West River

Mother's Maiden Name: Amelia Boyce

Mother's Birthplace: Don't Know

Name of person giving information: James Hawkins

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age

How long: 3 Years

Immediate: Heart Failure

How long: Two Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Du Bois M.D.

Address: Gambrills Md

Accident or Suicide?

15

Name in Full: Mamie Hebron

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis Junction (Town) — County

Date of death	Month	Day	Age	Years	Months	Days
1905	8	27		—	One	—

Sex: Female

Color or Race: Colored

Birthplace: Annapolis Junction Md

Occupation: —

Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband: —

Father's Name: Frank Hebron

Father's Birthplace: Md

Mother's Maiden Name: Mabel Simms

Mother's Birthplace: Md

Name of person giving In formation: Frank Hebron

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: —

How long: —

Immediate: Convulsions

How long: One hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. A. Hammond

Address: Jessup Md

Accident or Suicide? no

PHYSICIAN OR CORONER

Name in Full: Sarah Elizabeth Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis Md — County: A. A. C.

Date of death 190 5 — Month: 11 — Day: 27 — Years: — Months: 8 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Annapolis Md

Occupation: — Where Residing if not at place of death: Near Huntington St

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Thomas Hopkins — Father's Birthplace: Prince Georg. Co

Mother's Maiden Name: Ella Hopkins — Mother's Birthplace: Annapolis Md

Name of person giving information: Thomas Hopkins — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary: Marasmus — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Amy Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: 3 (Town) — County: Anne Arundel — MARYLAND

Date of death 1905 — Month: Aug — Day: 29 — Years: 45 — Months: — Days: —

Sex: Female — Color or Race: Col — Birthplace: Md

Occupation: House Keeper — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: Charles Henson — Father's Birthplace: Md

Mother's Maiden Name: Mary. Thomas — Mother's Birthplace: Md

Name of person giving information: Charles E Johnson — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 8 months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. D. Ridout

Address: St Margrets A. A. Co.

Accident or Suicide?

27

Name in Full: (Infant) Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death: 1905 — Month: Aug — Day: 30 — Age: — Years — Months — Days: 1

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

Father's Name: Charles Johnson — Father's Birthplace: Annapolis

Mother's Maiden Name: Naomi Johnson — Mother's Birthplace: Annapolis

Name of person giving Information: Chas Johnson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Probably Cyanosis — How long:

Immediate: " Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: None in attendance. Investigated by Health Officer

Address:

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Frances Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Ant

Date of death: 1905 — Month: August — Day: 14th — Years: 78 yrs — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Ant Co.

Occupation: None — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband: Wm Jones

Father's Name: Henry Lane — Father's Birthplace: Ant Co

Mother's Maiden Name: Matilda Lane — Mother's Birthplace: Ant Co.

Name of person giving information: Phillip Jones — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: Senility — How long: several months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Nellie B. J. Joyce

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Benfield County: Anne Arundel MARYLAND

Date of death 1905 Month: 8 Day: 31 Age Years: 3 Months: 4 Days: 16

Sex: Female Color or Race: African Birth-place: Benfield

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: C C Joyce Father's Birthplace: Va

Mother's Maiden Name: Margarane Chapman Mother's Birthplace: Crofroofs

Name of person giving In formation: C C Joyce How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: from birth

Immediate: Do How long: Do

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W Du Bois M D

Address: Gambrills Md

Accident or Suicide?

Name in Full: Michael Keely

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis — Town
County: Anne Arundel

Date of death: 1905 — Month: Aug. — Day: 13th
Years: 87. — Months: 5 — Days: —

Sex: Male. — Color or Race: White — Birthplace: Ireland

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: H. P. Graham — How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea — How long: One week

Immediate: Old age and Exhaustion — How long: One week.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Wells

Address: Annapolis, Md.

Accident or Suicide? No.

106

Name in Full: Harry Welch Lamb

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Grimes Town — County: A A Co.

Date of death 1905 — Month: August — Day: 7 — Years: — Months: 3 — Days: 4

Sex: Mail — Color or Race: White — Birthplace: A A Co

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Well E Lamb — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Cory V. Burk — Mother's Birthplace: A A Co.

Name of person giving Information: Cory V Lamb — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

151

Primary: Marasmus — How long: 1 month

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. L. Welch

Address: Annapolis

Accident or Suicide? No

PHYSICIAN OR CORONER

Name in Full: Lane Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town — Leon; County — Anne Arundel

Date of death: 1905 Month — May; Day — 21

Age: Years — 0; Months — 0; Days — 7

Sex: Male; Color or Race: White; Birthplace: A.A. Co. Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Charles Lane; Father's Birthplace: Calvert Co. Md.

Mother's Maiden Name: Edna Humphreys; Mother's Birthplace: A.A. Co. Md.

Name of person giving information: Edna Lane; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition; How long: 7 days

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alfred H. Perrin

Address: McKendree, Md.

Accident or Suicide?

15-3

Name in Full: Wm. McGowan

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis

County: A.A.

Died at

Date of death: 1905 Month: August Day: 14th

Age: Years: Months: 6 Days:

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: John T. McGowan Jr.

Father's Birthplace: Annapolis

Mother's Maiden Name: Susan Wright

Mother's Birthplace: Annapolis

Name of person giving information: Mother

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(105)

Primary: Gastro-Enteritis

How long: Six days

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

Name in Full: Bessie Mackel

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Benfield County: Anne Arundel MARYLAND

Date of death: 1905 Month: August Day: 25

Age: Years: ~~[illegible]~~ Months: 8 Days:

Sex: Boy Color or Race: African Birth-place: Benfield

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: single Name of Wife or Husband:

Father's Name: Wm Fielder Mackel Father's Birthplace: Waterbury

Mother's Maiden Name: Ellen Green Mother's Birthplace: Georgetown

Name of person giving information: Medora Edwards How related to deceased: Grand Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis (27) How long:

Immediate: Exanstion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W DuBois MD

Address: Gambrills Md

Accident or Suicide?

Name in Full: Abram Dorsey Moss

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis | County: A.A.C.

Died at — Date of death: 1905 | Month: August | Day: 8 | Years | Months: 6 | Days

Age

Sex: male | Color or Race: White | Birthplace: Annapolis

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George A. Moss | Father's Birthplace: Annapolis

Mother's Maiden Name: Elizabeth Dorsey | Mother's Birthplace: Annapolis

Name of person giving information: Elizabeth Dorsey | How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea | How long

Immediate: Exhaustion | How long

105

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. Wells

Address: Annapolis

Accident or Suicide?

Name in Full: Johna Murray

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Seven Side — County: A. A. Co.

Date of death 1905 — Month: Aug. — Day: 7 — Years: 29 — Months — Days

Sex: Mail — Color or Race: Color — Birthplace: A A Co

Occupation: Farmer — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Mary Murray

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: John Murray — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Ridout M.D.

Address: St. Margaret's Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full Thomas Summerfield Parker

Certificate of Death

Town: Harman

County: Anne Arundel

Died at Harman, Anne Arundel MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1905	8	20	Age		11		Md.	—

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children~~ living

Husband of / Wife —

Father's Name: Clinton S. Parker

Mother's Maiden Name: Jantha Briggs

93

Cause of Death — Primary: Pneumonia — How long sick: 8 days

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: Thos. P. Benson M.D.

Address: Hanover Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Griffin Queen

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis Md

County: A.A.C.

Date of death 1906 Month: Aug Day: 17

Age: Years — Months: 0 Days —

Sex: male

Color or Race: Colored

Birthplace: Annapolis Md

Occupation: —

Where Residing if not at place of death: 177 Chesnut St

~~Married~~, Single or ~~Widowed~~: Single

Name of Wife or Husband: —

Father's Name: Stagner Queen

Father's Birthplace: Georgetown

Mother's Maiden Name: Fannie Griffin

Mother's Birthplace: Annapolis Md

Name of person giving information: Stagner Griffin

How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

1794

Name in Full: Wilson Leroy Sanders

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): McKendree

County: Anne Arundel

Date of death: 1905 Month: Aug. Day: 13

Age: Years: 0 Months: 6 Days:

Sex: Male

Color or Race: Black

Birthplace: A. A. Co. Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Sarah Sanders

Mother's Birthplace: Md.

Name of person giving In formation: Edwd. Davis

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis (105)

How long: 1 week

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

Name in Full: Bessie E. Shipley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death — Month: Aug. — Day: 24th — Years: 29 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Annapolis Md

Occupation: House Wife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: William Shipley

Father's Name: Wm. Curry — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Garner — Mother's Birthplace: Md

Name of person giving information: Frank Shipley — How related to deceased: Father in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

61

Immediate: Meningitis — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: R. Crawford Carroll M.D.

Address: 95 St. John St., Annapolis, Md.

Accident or Suicide? —

Name in Full: Nelson Simms Jr.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Annapolis Md (Town) A.A.C. (County)

Date of death 1905 Month: Aug Day: 6 Years: Age 27 Months: — Days:

Sex: male Color or Race: Colored Birthplace: Annapolis Md

Occupation: Soldier Where Residing if not at place of death: 169 South St

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Nelson Simms Father's Birthplace: Annapolis Md

Mother's Maiden Name: Acenita Boston Mother's Birthplace: Annapolis Md

Name of person giving Information: Nelson Simms How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis (67) How long: Several months

Immediate: Heart Failure How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

Name in Full: Wm. T. Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): East port — County: A A

Date of death 1905 — Month: Aug — Day: 22 — Age: Years — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: East-port

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Robt-Fr Smith — Father's Birthplace: A A Co. Md

Mother's Maiden Name: Julia Proctor — Mother's Birthplace: A.A. Co. Md

Name of person giving Information: Robt-Fr. Smith — How related to deceased: Farther

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis — How long: 2 weeks

Immediate: Meningitis — How long:

(104)

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide? No

Name in Full: Rachel Snoden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): South River — County: Anne Arundel

Date of death: 1905 — Month: Aug — Day: 1 — Age: Years: 1 — Months: 8 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Anne Arundel

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Horace Snoden — Father's Birthplace: Anne Arundel

Mother's Maiden Name: Rachel Johnson — Mother's Birthplace: Maryland

Name of person giving information: Rachel Johnson — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough & — How long: 3 weeks

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Collerson

Address: South River Md

Accident or Suicide?

Name in Full: Gertrude Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Chincoteague — County: A.-A.

Date of death: Month: Aug — Day: 2 — 1905

Age: Years: — Months: 5 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: A.A. Co Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: unknown — Father's Birthplace: —

Mother's Maiden Name: Amelia Stewart — Mother's Birthplace: A.A. Co Md

Name of person giving information: Daniel Stewart — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum (105) — How long: 5 days

Immediate: Convulsions — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Dent

Address: Chincoteague

Accident or Suicide?

Name in Full: Charles Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: 3 Dis — Town; Anne Arundel County

Date of death: 1908 Month: Aug Day: 27

Years: 70 Months: — Days: —

Sex: Male Color or Race: Col — Birthplace: Md

Occupation: Farm Hand Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Elizabeth Thomas

Father's Name: John Thomas Father's Birthplace: Md

Mother's Maiden Name: Harriet Porter Mother's Birthplace: Md

Name of person giving Information: Wm. Porter How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption How long: 5 years

Immediate: Hemorrhage How long: Sudden

27

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. B. Ridout

Address: Ellicott City Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Dorothy E. Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Annapolis (County): A.A. C.

Date of death: 1905 Month: August Day: 7 Age: Years — Months: 6 Days: 8

Sex: Feal Mail Color or Race: White Birthplace: Annapolis

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband: None

Father's Name: Roth L Thames Father's Birthplace: Doerchester County

Mother's Maiden Name: Bessie Daughly Mother's Birthplace: Annapolis

Name of person giving information: Bessie Thomas How related to deceased: Mother

179

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: Seven weeks

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

179

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Name in Full: Ella Tylor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Annapolis

County: Anne Arundel

Date of death: 1905 Month: Aug Day: 31st

Years: — Months: 7 Days: —

Sex: Female

Color or Race: Colr

Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Aaron Tylor

Father's Birthplace: Annapolis

Mother's Maiden Name: Elizabeth Parkins

Mother's Birthplace: " "

Name of person giving information: Aaron Tylor

How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: 6 Months

Immediate: Exhaustion

179

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

Name in Full: Mrs. John H. Wayson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Linwood — Town; Anne Arundel — County

Date of death: 1906 Month: Aug Day: 13

Age: Years: 45 Months: Days:

Sex: female

Color or Race: white

Birthplace:

Occupation: house wife

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: John H. Wayson

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma — How long: two years

Immediate: Cardiac Failure — How long: 3 wks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. Maclane Linwood MD

Address: West River Md

Accident or Suicide? neither

Name in Full: Hazel M. Wheeler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: East Port — Town: a a — County: a a

Date of death 190 5 — Month: Aug — Day: 29 — Years: 9 — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: Annapolis Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John H. Wheeler — Father's Birthplace:

Mother's Maiden Name: Mary E. Lagavis — Mother's Birthplace:

Name of person giving Information: John H. Wheeler — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Drowning — How long:

Immediate: — How long:

172

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or ~~Suicide?~~

Name in Full: Rosa White

CERTIFICATE OF DEATH

MARYLAND

Died at: Robinsons (Town) A A (County)

Date of death: 1905 Aug (Month) 5th (Day)

Age: 1 (Years) 10 (Months) (Days)

Sex: female

Color or Race: African

Birthplace: A A Co

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: John White

Father's Birthplace: A A Co

Mother's Maiden Name: Nettie Brown

Mother's Birthplace: A A Co

Name of person giving information: John White

How related to deceased: father

CAUSES OF DEATH

Primary: Bronchitis

How long: 4 month

Immediate: Heart failure

How long: one hour

90

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. A. Blayeham

Address: Glen Burnie

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Mary Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death 1905 — Month: Aug — Day: 29 — Age: Years 73 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: A. A. Co Md

Occupation: Cook — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Albert Wilson

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: Wm. T. Larkins — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

99

Primary: Bronchitis — How long: About 6 weeks

Immediate: Hemorrhage - Pulmonary — How long: a few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. L. Welch Health Officer

Address: Annapolis

Accident or Suicide? —

PHYSICIAN OR CORONER

Name in Full: Richard Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Galesville — County: Anne Arundel

Date of death 1905 — Month: Aug. — Day: 15 — Years: 64 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Anne Arundel

Occupation: Farming — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Wilson

Father's Name: Henry Wilson — Father's Birthplace: —

Mother's Maiden Name: Kitty Neale — Mother's Birthplace: —

Name of person giving In formation: George Adams — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption (2) — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Maclanie Cawood M.D.

Address: West River, Md.

Accident or Suicide?

Name in Full — Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: West Annapolis — County: a a

Date of death: 1905 — Month: Aug. — Day: 31 — Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: West Annapolis

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wm H. Wilson — Father's Birthplace: England

Mother's Maiden Name: Janette Smith — Mother's Birthplace: England

Name of person giving information: Wm H Wilson — How related to deceased: Brother

S.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dead Born — How long

Immediate: — How long

S

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Annie Hepburn

Address: Mrs Whife

Accident or Suicide?